

ANALYTICAL AND BIBLIOGRAPHICAL NOTICES.

ART. XVIII.—*Guy's Hospital Reports*. Edited by C. HILTON FAGGE, M.D., and ARTHUR E. DURHAM. Third series. Vol. XVII. 8vo. pp. xviii., 536. London: J. & A. Churchill, 1872.

THE present volume of this unequalled series of Hospital Reports contains fifteen papers, which, in accordance with the custom of previous years, we shall notice in succession, so that those of our readers who have not access to the book itself may yet become acquainted with its contents, which are of considerable variety and of great practical value. Grouping together, first, those papers which are particularly interesting to surgeons, we shall begin by inviting attention to Art. I., which consists of a third instalment of Mr. POLAND'S elaborate *Statistical Report on the Treatment of Subclavian Aneurism*.

The modes of treating subclavian aneurism which are considered in this part of Mr. Poland's essay are, (1) Ligation of the first portion of the subclavian artery; (2) Simultaneous ligation of the first portion of the subclavian and of the common carotid artery, and of both these vessels with the vertebral artery; (3) ligation of the innominate artery; and (4) simultaneous ligation of the innominate and carotid—this mode of treatment being illustrated by but a single case (that of Dr. Smyth, of New Orleans), in which the vertebral artery was subsequently tied for secondary hemorrhage. The details of this now famous case, which Mr. Poland calls "the only one on record of recovery after an operation for the cure of subclavian aneurism," are familiar to our readers from having been published in the *Domestic Summary* of the number of this Journal for July, 1866, pp. 280 *et seq.* Ligation of the first portion of the subclavian artery, whether by itself, or in connection with the simultaneous ligation of other vessels, has invariably proved fatal when performed as a Hunterian operation, as of course it must be in the case of subclavian aneurism. We are interested, however, to observe that, as a *distal* operation, it would appear that ligation of the first part of the subclavian might be successful: this is shown by a case here quoted from the record of Hobart, an Irish surgeon, in which the first portion of the subclavian and the carotid were simultaneously tied for an aneurism supposed to be of the innominate (though afterwards found to be aortic), and in which the subclavian ligature came away safely on the fourteenth day, though fatal hemorrhage from the carotid occurred at a subsequent period. After death "it was found that *perfect union had taken place where the ligature had been applied on the subclavian artery.*" We must add that we can scarcely conceive of a case calling for the distal operation, in which the subclavian artery should not be tied in its third rather than in its first portion.

To all who are interested in the statistics of the surgical treatment of aneurisms—and what surgeon is not?—we would commend a careful study of Mr. Poland's pages; we look eagerly for the next and concluding portion of his "Report," which we do not hesitate to declare will form, when completed, the most valuable contribution ever made to the literature of its subject.

The next paper to which we shall invite our readers' attention is Art. VI.

On Skin Grafting, by THOMAS BRYANT. Mr. Bryant has had considerable experience with the mode of treating ulcers introduced by Reverdin, and his views coincide with those of Mr. Pollock as to the best method of performing the operation. (See number of this Journal for January, 1871, p. 277.) In referring to Reverdin's query, "Is the growth of skin due to the effect of contact or neighbourhood, or is it due to the proliferation of the transplanted element?" Mr. Bryant says:—

"How the engrafted pieces act in the healing process is not yet satisfactorily settled, and Reverdin's questions, as already quoted, have not yet been completely answered. That they act as direct stimulants to the sore itself, and more particularly to the margin of the sore, there can be but little doubt, for as soon as the 'grafts' have taken, the margin of the sore nearest to them is seen to cicatrize and to send out prolongations of new cicatrizing tissue to meet similar prolongations from the new cutifying centres; the sore in this way becoming subdivided into smaller sores, and then rapidly healing. That the engrafted portions grow by the proliferation of their own cells is likewise proved by the fact that in the case of a white man, upon whose ulcerated leg I engrafted four small pieces of black skin, the whole being no larger than a barley-corn, the black skin grew twenty-fold in ten weeks, . . . the black portions gradually enlarging, and sending out prolongations which joined till one patch of black skin had formed, . . . the ulcer healing as rapidly where the black skin was grafted, as where the white was placed."

In one case Mr. Bryant transplanted a piece of skin upon the everted mucous membrane of an exstroverted bladder; the graft "almost doubled its natural size, but no more; it did not exert any skin-forming power on the mucous membrane on which it was placed." Two lithographic plates (one coloured) and two woodcuts accompany this short but interesting communication.

We come next to the longest paper in the volume, Art. VIII., *Clinical Records*, by J. COOPER FORSTER. A record of one hundred and forty-three very miscellaneous cases, spread over no less than one hundred and fifty-six octavo pages, and without either table of contents or index, is almost as little likely to be consulted, and is almost as effectually buried, as if it had been permitted to slumber in Mr. Forster's manuscript note-books; we have always entertained a great respect for case-taking, and confess to a fondness for case reading, but we are staggered by Mr. Forster's pages. Of the one hundred and forty-three cases, some, to say the least, are less interesting, and less urgently demand publication, than others, and we cannot but think that surgical science would not have been the loser, had Mr. Forster adopted a more rigid rule of selection. In noticing the last volume of the Guy's Reports, we ventured to express a fear that Mr. Forster's zeal for clinical records might diminish, and that as the newness of his broom departed, its work might be less thoroughly accomplished; but we are already forced to acknowledge our error, for he has this year not only swept his ward clean, but has smothered us in the dust.

Art. XII., *On Embalming*, by H. G. HOWSE, M.S., is of considerable practical interest. From Mr. Howse's description of his mode of preserving anatomical subjects we extract the following:—

"I consider glycerine to be *the* preservative fluid. It does not, however, prevent maggots from breeding in the muscles, nor does it prevent fungus from forming on the dissections when left exposed to the air. To prevent the former, I used to employ, in all the earlier experiments, a watery solution of arsenite of potash, freely injected, before the glycerine. I soon found a practical inconvenience from this, in that it made the subject slightly œdematous, thus requiring more glycerine afterwards to saturate it, and making the injections more expensive. For this reason I tried to prepare a glycerine solution of arsenic. Arsenious acid does not dissolve in this medium in the cold, or only to

a very slight extent. When the glycerine is heated to destructive decomposition, *i. e.* to ebullition, other chemical compounds get formed, and then the arsenic dissolves freely. . . . It is not wise, however, to make it take up much more than a pound to the quart. . . . It should be filtered before using. . . . The injection is always made from the femoral artery, opened at the apex of Scarpa's triangle. Two injection pipes, provided with stop-cocks and with long nozzles, are inserted, one passing up and the other down the artery, and a piece of strong ligature-silk tied tightly around it, to prevent the glycerine escaping. . . . The siphon arrangement is always made use of in injecting, *i. e.*, a long piece of india-rubber tubing is tied over the injecting pipe, and communicates with a reservoir placed considerably above the level of the body. To make the siphon arrangement act, this tube must of course be filled with fluid before inserting the end into the reservoir, and as the viscid glycerine takes a long time in doing this, I usually fill it first with a watery solution of the usual preservative (arsenite of potash), keeping the stop-cock on the injecting tube closed, then inserting the mouth of the tube into the glycerine, and opening the stop-cock. The glycerine injection will now slowly flow. If the arsenical glycerine fluid be made as above recommended, it will be sufficient to inject a quart and a half of it first, corresponding with about one pound and a half of arsenious acid (the injection being completed with pure glycerine). This will be sufficient to prevent maggots breeding in the subject even in summer time. . . . As regards the quantity of glycerine to be used, it will vary with the size of the subject, *i. e.* with the *bulk* of it. . . . The average quantity that we have expended upon our subjects is about three gallons each. Great care must be taken in keeping the cistern and the pipe full of fluid. . . . If, unfortunately, during the progress of the injection, the pipe should become empty, it is best filled up again with arsenical watery fluid. . . . I have said that it is necessary to *saturate* the subject. This is best done in the following way: After about two gallons have been injected it becomes oedematous; it should then be allowed to stand for two or three days, during which blebs form on the surface; these being pricked, a large quantity of fluid drains away. The other gallon of glycerine being then injected, acts much more effectually in the preservation of the subject than if it were all injected together. . . .

"Although the arsenical glycerine quite prevents maggots breeding in the subject, it does not prevent the formation of mildew in very hot weather. . . . For preservation, then, during the hot months, I believe it is best to keep the subject wrapped in cloths soaked in carbolized glycerine, and standing in a tray, covered about half an inch deep with similar fluid so that the cloths may remain constantly moist by capillary attraction. After the glycerine injection is completed, the arteries may be filled with the usual paint or coloured paraffin injection."

The last paper particularly addressed to surgeons is Art. XIII., *A Description of the Appearances of the Human Eye in Health and Disease, as seen by the Ophthalmoscope. Sixth Series, Congenital Anomalies.* By C. BADER.

The anomaly described in this paper is the existence of "a brilliant opaque white, more or less well-defined substance upon or adjoining the optic nerve, hiding from view the parts beneath, and, more or less, the blood-vessels which pass through the white substance. The course of the retinal bloodvessels and the refraction, as ascertained by direct examination with ophthalmoscope, show that the white substance projects beyond the surface of the adjoining retina. The white colour . . . is thought to be caused by white opaque tissue connecting the retinal elements and optic nerve fibres (similar to the connective tissue in the optic nerve outside the eye). Whether the elements of the retina are healthy among this opaque connective tissue is undecided. . . . It does not seem to give rise to any appreciable impairment of sight, which explains its being met with only accidentally; it has been observed at all ages, in eyes of all shapes (more often, perhaps, in hypermetropics); it often occurs in both eyes of the same person."

Mr. Bader's paper is adorned with a chromo-lithographic plate containing five figures. J. A., JR.

We shall now invite the attention of our readers to the medical papers of the volume, and first to

Art. II. *Cases of Disease of the Nervous System, with Remarks.* By SAMUEL WILKS, M.D., F.R.S.

A Case of Aphasia, with Remarks on the Faculty of Language and the Duality of the Brain.—The woman, the report of whose case is accompanied by some very interesting remarks, was 24 years of age and a domestic servant. Without ever having had any previous illness, she was found, a fortnight before she came under the author's notice, speechless and paralyzed on the right side. She improved rapidly under treatment, so far as the paralysis of the limbs was concerned, but although it was evident that she understood written and spoken language perfectly, and although she read books and the newspapers and seemed as rational as any other person in the ward, speech did not return. It was then attempted to teach her to speak afresh. A box of letters of the alphabet, with pictures upon them, was brought to her, and she was taught in the same manner as a child, or as a person learning a foreign language. In repeating to her several times the name of one of the objects on the cards, she would at length articulate the name herself. She sometimes forgot the name of an object she had once learned, and would miscall it, but she never under these circumstances used a word which she had not learned since her illness. When given a number of letters and asked to arrange them into words, she made an effort to do so, but although there was a tendency for the letters to come right, they were seldom placed together quite correctly.

After discussing the different forms of aphasia, Dr. Wilks says that for the production of language three different processes are employed. First, the mind is impressed with ideas through the eye by means of written signs, that is, impressions formed on the retina pass through their own perceptive centres to the central hemispheres, where they are further developed or compounded with other conceptions. Secondly, impressions made on the ear by sounds are carried through the auditory perceptive centres, also to the hemispheres. Thirdly, the sound made by the master must be imitated by the child until the latter can use its organs of speech in a particular way. Thus it is possible for a person to read French or German, who cannot speak either of these languages or understand them when spoken; or he may be able to read them and understand them, but not to speak them. This compound of language made up of spoken, auditory, and visual signs, may be thoroughly broken up for instance, the faculty of speaking may be virtually paralyzed in an exhausted state of the nervous system, or in a less degree from want of food or overexertion. Even in health we lose the memory of words; we may not be able to speak them or write them, but we recognize them when written or spoken.

Dr. Wilks combats the very prevalent opinion that when we are thinking we are really mentally speaking, for he says, it may be true that in thinking, we must conjure up an appropriate sign, but it does not follow that this is by mental or imaginary speech. Thus a person may be able to recall to memory a passage in a language which he has acquired only by reading. A child too may think of the picture of the dog in its lesson book without necessarily attaching to it any spoken, auditory, or visual signs, and the child could then go on to think about various actions of the dog, as running, eating, etc., without the idea of words or any artificial signs. Mental operations are, moreover, frequently very active in the deaf and dumb, and yet they are, of course, without

any comprehension of spoken language. It is doubtful, however, whether any really deep intellectual processes can go on without language, and certainly few individuals can accurately think out a subject without speaking or writing, showing that the ideas must have expression in form.

Dr. Wilks then goes on to speak of the duality of the brain. This, he thinks, is proved to exist by the fact that speech may sometimes be regained after it has been lost. With Broca, he places the organ of speech on one side of the brain. Dr. Moxon holds that the localization of the organ of speech on one side of the brain is entirely owing to the education of the two different sides, and that when language is regained, after having been lost, the right side has been in some way educated to take the place of the left. Other facts in favour of the theory of the duality of the brain are the occurrence of hemiplegia from inflammation of one hemisphere, of convulsions of one side from a lateral source of irritation, and of hysterical hemiplegia, in which there is a want of will to move the muscles on one side of the body, whilst the will is good to move those of the other side.

We regret that the space at our disposal has not permitted us to give a fuller abstract of Dr. Wilks's views on the subject of duality of the brain, as well as on that of aphasia. These will be found to be very fully and ably discussed.

A Case of Hysteria, with Remarks on Diagnosis and Treatment.—The symptoms in this case indicated that there was no actual lesion in any part of the nervous tract standing in the way of a voluntary act, but that rather the voluntary power itself was at fault; it was in fact ideal rather than real paralysis. Under these circumstances the writer says: "As the object was to arouse the dormant will, and not to treat the paralysis as a physical reality, it was considered that medicine alone would be useless, or worse than useless, but that rather those means should be used which could act directly on the will—in a word, moral means. The patient was informed that an effort on her part was essentially necessary for the cure, for if she did not exert herself she would soon become irremediably paralyzed." Dr. Wilks further says, that the physician is very often responsible for the continuance of symptoms in cases of hysteria, and refers to cases in which cure has taken place after all treatment has been given up. He also expresses the opinion that the chances of recovery for an hysterical patient are greater in a hospital than in private practice, where she is often surrounded by sympathizing, but injudicious friends.

Contraction and Spasmodic Affection of the Limbs.—After alluding to the very different opinions held with regard to the immediate cause of spasmodic affections of the limbs, Dr. Wilks reports two cases of intermittent tetany similar to the cases reported in a former volume of these reports by Dr. Moxon, and noticed in the number of this Journal for July, 1870, p. 192.

Contraction of the Limbs and Sclerosis of the Spinal Cord.—Dr. Wilks is disposed to believe that the causes of such contraction are to be found in the nerves of the limb itself; that the nerves being in some way disconnected with their centre undergo a degenerative change throughout their course. If this be true, he says, it is also probable that in the rigidity accompanying recent paralysis, the nerve may be acutely involved, which affords an explanation of the pain which occurs on moving the limb. Sclerosis of the cord has been said by Charcot to exist in all cases in which permanent contraction of the limb is a symptom. Dr. Wilks, however, refers to a case in which, during life, the patient lay in bed for many months with his legs drawn up, his heels to the nates, and knees to the abdomen, and had great pain in moving them. He also had extreme excito-motility. In this case the membranes of the spinal cord were

found to be enormously thickened, but the medulla itself was not affected except immediately on its surface.

A case of *Tremour* and one of *Paralysis Agitans* are also reported, with remarks, after which the author passes to the subject of *Local Paralytic Affections*, of which the histories of five cases are detailed.

Ataxia is apparently considered by Dr. Wilks, to a certain extent, a curable affection, and one which in all cases admits of relief. The treatment which he recommends is the application of the constant-galvanic current, the poles being placed in the neck and lower part of the spine. Patients in whom this treatment has been resorted to early, generally recover.

The reports of three cases of *Syphilitic Epilepsy* close Dr. Wilks's very valuable paper. In the remarks that precede these, he says that, in epilepsy dependent upon syphilitic disease of the brain, the paroxysms occur in rapid succession, and coma may exist in the intervals; there may also be convulsions without loss of consciousness, or the attack may be accompanied by paralysis of one side. In cases in which a succession of fits occur there is reason to refer them to syphiloma between the membranes and the brain; but if this be situated in one hemisphere, the circulation causes the convulsion to be unilateral or predominant on one side, and to be followed by partial paralysis of that side.

Art. III. *A Case of Hematidrosis, or Bloody Sweat, Complicating Tetanus*. By SAMUEL WILKS, M.D., F.R.S.—The attack of tetanus, in the case reported by Dr. Wilks, seems to have been idiopathic, as no wound was discovered during life, and only a slight abrasion of the mucous membrane of the uterus, which was prolapsed, detected after death. The perspiration from the patient's forehead stained clean white cloths of a reddish colour. These were given to Dr. Stevenson for examination, who made the following report: "The supposed blood-stains from the sweat are extremely like iron-moulds. On incineration they yield to acids a little iron, and the ash is red from the presence of iron. The stains are quite insoluble in water and in alkaline solutions; in this respect they are totally different from the colouring matter of the blood in all its forms. I have been unable to procure any coloured solution or blood-corpuscles from the stains. They are, therefore, not blood. Possibly they may be derived from blood, because they contain iron; but just as probably they may have never contained hæmatin or hæmoglobin. As the unstained portions of the napkin turn tincture of guaiacum blue, the guaiacum test is inapplicable. The quantity of colouring matter must have been very small."

Although we are assured that all possible sources of error were guarded against, it seems to us not impossible that the cause of the turning of the tincture of guaiac of a blue colour and the discolouration of the napkins by the perspiration may have been the same; in other words, that there may have been some foreign body or impurity in the cloths which were used.

In the cases of bloody sweat which have been recorded, mental emotion of a very depressing character has been a very prominent symptom. This was notably true of Charles IX., of France, who died two years after the massacre of St. Bartholomew, and who confessed to his surgeon, Ambrose Paré, that, whether asleep or awake, he had visions of murdered corpses before him, and, therefore, no doubt, died in great mental agony.

The subject of "bloody stigmata" is discussed in this paper, and the case of Louise Lateau is referred to in full. Certain of the lower animals, says Dr. Wilks, have the power to exude from their skin a reddish fluid. Thus the hippopotamus, soon after its arrival in England, was observed, after taking its

bath, to be covered with a red secretion, and the flamingo threw up a red liquid from the stomach, which has been found by Mr. Lowne to contain red corpuscles, and which is probably used for nursing its young. This may, Mr. Lowne says, account for the old fable of the pelican feeding its young with its blood, supposing that the flamingo was mistaken for the pelican.

Art. IV. *Toxicological Cases.* By THOMAS STEVENSON, M.D.—Four cases are reported in this paper. In the first case a man, aged 21 years, swallowed three fluidounces of nitric acid with suicidal intent. Death took place seventeen hours after the poison was taken. The post-mortem appearances were those usually observed in poisoning by the mineral acids.

The patient, in the second case, drank about a teaspoonful of strong liquor ammoniæ. Death resulted, it was thought, from some obstruction of the respiratory apparatus, and was sudden. The danger arising from swallowing ammonia is greater from its action on the larynx than from that on the stomach.

In the third case, three-sixteenths of a grain of atropia were administered by mistake to a child six years old. The usual symptoms of atropia poisoning followed. Four and a quarter hours after the poison was taken, one-ninth of a grain of acetate of morphia was injected subcutaneously. In twenty hours the child had quite recovered from the effects of the alkaloid. But Dr. Stevenson is not disposed to attribute any share in the recovery to the action of the morphia. He is inclined to think, however, that we have an antidote for atropia in physostigma.

The patients in the last case reported by Dr. Stevenson were two children who were poisoned by eating mushrooms. One of them had partaken freely of the fungi, and died; the other only ate one, and recovered. The symptoms were vomiting, violent pains in the head and abdomen, restlessness, subsultus, and thirst. The legs were also drawn up towards the abdomen. After death, in the fatal case, the stomach and the whole of the small intestines were contracted and empty, and the mucous membrane congested throughout the whole of the alimentary canal. The liver was fatty.

Art. V. *Laboratory Notes.* By THOMAS STEVENSON, M.D.—In two specimens of milky fluids removed by paracentesis from the abdomen, the turbidity appeared to be due to very fine suspended particles of albuminous matter, which were not dissolved by ether, even when the fluids had been previously treated with acids and alkalies. Dr. Stevenson, believing the question, whether the so-called fatty heart consists of a real conversion of the muscular fibre into fat, to be an open one, has examined the mottled interior of the ventricular walls of two such hearts, with the following results:—

	Fat per cent.
Normal heart . . .	0.68
Fatty heart, No. 1 . . .	1.54
Fatty heart, No. 2. . .	3.83

It thus appears that there is a real conversion, to a certain extent, of muscular fibre into true oily fat, soluble in ether.

Some salivary calculi subjected to analysis were found to contain, in one instance, 78.13 per cent. of the mixed phosphates of lime and magnesia, and 21.87 per cent. of organic matter; in the other the calculus consisted, besides organic matter, of earthy phosphates and carbonates, the carbonates, however, predominating over the phosphates.

Dr. Stevenson finally discusses the "Effects of Drinking Water Contaminated with Zinc." He is inclined to think, in opposition to Fousmagrives, that water

may become so contaminated when kept in zinc or galvanized iron vessels as to be, when drunk, seriously injurious to health. Under certain conditions the water acts so energetically upon zinc and upon galvanized iron as to become milky from the large amount of the metal held in suspension in it.

Art. VI. *Remarks on Cerebral Disease having its Origin in Syphilis.* By G. OWEN REES, M.D., F.R.S.—Dr. Rees thinks that cerebral disease of syphilitic origin may generally be recognized even in cases where the possibility of infection is denied by the patient by attention to the following points. The paralytic seizure when dependent upon syphilis is generally the immediate result of some violent exertion, or some long-continued muscular effort carried on to fatigue, and the collapse is often so great as to threaten immediate dissolution. The hemiplegic and the paraplegic symptoms are peculiar in character, there being marked irregularity in loss of motor power, and of sensation as affecting opposite sides of the body. Pain in the head and tenderness of the scalp are scarcely ever wanting. Aphonia has been observed in many cases in the early stage. Whenever these symptoms are presented by a patient, the writer of the paper thinks a course of mercurial treatment should be at once begun. "The power of the iodide of potassium," he says, "in absorbing homologous growths, such as those observed on bone, is beyond doubt, and probably we may confidently trust to its use in all cases of new growth of connective tissue, where the mere proliferation of cells has not been succeeded by fibrillation and an approach to retrograde metamorphosis. These changes occurring, the formation of gummata seems to place such tumours beyond the power of the iodide of potassium, while mercury appears to be their especial antagonist.

Art. IX. *A Case of Simple Stenosis of the Œsophagus, followed by Epithelioma.* By C. HILTON FAGGE, M.D.—In the case reported by Dr. Fagge there was reason to believe, as the title of the paper implies, that the epithelioma was probably of comparatively recent development, and that the dysphagia which had been a marked symptom for many years before the death of the patient was caused by the narrowing of the cardiac end of the œsophagus. He was 84 years old at the time of his death, and had had for upwards of forty years a difficulty in swallowing food, which he thought originated in the habit of eating fast. When it first came on it seemed to him as if, when he swallowed anything, the wind met it and forced it back. He used to wash down solid food, which was always divided into very small portions, with liquids. He was not known to have suffered from sickness, nor did he ruminate nor bring up his food in pellets. After death the upper part of the œsophagus was found to be rather less than an inch in diameter. About four and a half inches from the cardia it became slightly dilated, its diameter reaching one and a half inch. About two inches lower it became narrower, at first rapidly, afterwards more gradually. The narrowest part of all was at the termination of the œsophagus in the stomach. The calibre was there so small that an ordinary lead pencil was firmly grasped by the gullet. At its widest part the walls of the œsophagus presented a large irregular opening, two inches in length, which was evidently in part the result of ulceration, but which may also in part have been caused by injury during removal from the body. On one side the lung was adherent; there was also close to the outside of the gullet a lymphatic gland, which was the seat of epithelioma. A microscopic examination of the specimen was made by Mr. Howse, who reported that it presented the ordinary appearances of epithelioma. Dr. Fagge also gives the history and post-mortem appearances of a case reported by Dr. Wilks, in the seventeenth volume of the

"Pathological Transactions," in which many of the same symptoms occurred as in the case which forms the nucleus of his paper. Dr. Wilks's case was found, however, to be simply one of stenosis, which, there was reason to believe, was congenital. The author also refers to some cases reported by Dr. Graves, and by Sir Everard Home, in which similar symptoms existed. These were attributed to spasmodic stricture of the œsophagus, but there can be little doubt, Dr. Fagge says, that they were due to stenosis. In regard to the so-called dysphagia lusoria, the writer says there is no good reason to believe that it is produced by any peculiarity in the course of the right subclavian artery. Two plates accompany this communication.

Art. X. *Clinical Cases.* By S. O. HABERSHON, M.D.—These cases, the histories of which are detailed in this paper, are as follows:—

1. Cancerous Disease; Paralysis of the Ninth Nerve.
2. Paraplegia; Strumous Tumour in the Spinal Cord.
3. Rheumatism; Cardiac Inflammation; Disease of the Brain from Embolism.
4. Disease of the Aortic Valves; Ulceration of the Valves; Acute Cerebro-Spinal Meningitis.
5. Cardiac Disease; Imperfect Ventricular Septum, patient aged 54.

The patient with cancerous disease was a woman, aged 52, who five years previously to coming under Dr. Habershon's care, had a small tumour of the breast, which she was advised by Mr. Birkett to have removed. There was at the time of admission a lateral curvature of the spine, so that the ribs on the right side were on a lower plane than the crest of the ilium. On asking the patient to protrude her tongue, the lip was sent to the right side, and that side of the tongue was quite flaccid and wrinkled; the left side, however, felt fleshy and firm. This was associated with inability to manage the food, with paralysis of the sterno-hyoid muscle on the right side, and with slight impairment of the right facial nerve.

At the post-mortem examination, masses of cerebriform cancer were found within the cranium. One such mass was situated on the basilar process, more on the right than the left side, and extending into the right temporal bone, and this involved the eighth and ninth pair of nerves, and reached up to the internal auditory foramen, one side of which was implicated. The muscles supplied by the ninth were yellowish and wasted. The third and fourth dorsal vertebrae were affected with cancerous growth, as were also both ilia.

A case presenting some similar symptoms, which was under Dr. Habershon's care, is also referred to in this paper.

The patient with paraplegia was a woman, aged 40, who, in addition, presented the signs and symptoms of phthisis pulmonalis. About a year before coming under observation, she began to experience aching pains in both legs, but in the right more than in the left; this was followed in the course of a week by numbness and a sensation of "pins and needles" in the feet; at the same time, her legs began to grow weak, and she found herself unable to get up and down stairs without assistance. The numbness gradually crept upwards, and the parts affected in this way felt cold to the patient. In the act of walking, her legs were spasmodically drawn up, and the foot thrown out. On moving the legs, she experienced acute pains in the knees and shins, which subsided when the limbs were at rest. Sensation was so much impaired, that she was quite unable to perceive a gentle touch. Pinching and pressure excited reflex action, causing piercing pains in the leg and foot.

The paralysis gradually became more marked, and the patient finally sank from exhaustion produced by erysipelas and a bed sore.

At the autopsy, in addition to disease of the lungs and ovaries, a round tubercle of the size of a small cherry was found in the lower part of the dorsal region. This quite took the place of the tissue of the cord for the length it occupied, so that scarcely any trace of nervous tissue could be seen about it.

In the third case, the patient, who was also a woman, and who had been for some time a sufferer from heart disease, was, when admitted into Guy's Hospital, paralyzed upon the right side. The paralysis was attended with aphasia. Its dependence upon embolism of the left middle cerebral artery was diagnosed during life, and proved after death.

In the case of disease of the aortic valves, acute cerebro-spinal meningitis supervened, it was thought by Dr. Habershon in consequence of the changes in the composition of the blood produced by the ulceration of the valves. Although pus was found beneath the arachnoid, about the pons, the diamond-shaped space, the cerebellum, and all down the spinal cord on its dorsal surface, the symptoms were not indicative of the disease, for the patient is said merely to have been strange in his manner, to have walked about the ward at night, and two days before his death to have complained of severe pain in the back of his head and neck.

The chief interest in the remaining case reported by Dr. Habershon is the fact that the patient had lived in apparently perfect health for fifty-nine years with an imperfect septum between the right and left ventricles of the heart. During the life of the patient, the malformation was not suspected and the disease under which the patient was labouring was in consequence of the physical signs thought to be dependent upon mitral regurgitation. The bruit was, however, very distinct to the right of the sternum, and there was unusual oppression at the scrobiculus cordis. After death, the communication between the ventricles was found immediately below the aortic valves, at the base of the heart; it was about a quarter of an inch in diameter, circular in form; on the left side it had a rough atheromatous margin; on the right there was a funnel-shaped opening behind the curtain of the tricuspid, and small ridges of fibrin were observed for an inch upon the valve, as if the direction of blood had been from the left to the right.

Art. XI. *A Record of Observations of Temperature during Parturition and in the Puerperal State.* Presented by J. BRAXTON HICKS, F.R.S. Arranged by F. S. CAREY, Esq., Senior Obstetric Resident.—Mr. Hicks has not attempted to draw any conclusions from observations of temperature which he has presented in this paper. He has put them on record simply because, to use his own words, "it is impossible to say how far any rise of temperature may indicate danger, unless we are aware what is the natural temperature; or within what limits we may expect it to vary from slight causes in a natural state of convalescence." In cases in which the labour was perfectly natural and not tedious, the temperature of the patient was scarcely affected by it. There was in some instances a rise of temperature on the third day, but this was by no means true of all the cases. The temperature, on the other hand, was observed to be very high immediately after the completion of labour in three primiparæ who were delivered by the forceps after unusually protracted labours, and also in one patient in whom premature labour was induced by introducing a catheter into the uterus and injecting four fluidounces of water between the uterus and the membranes and leaving the catheter in.

Art. XIV. *An Account of the Recent Additions made to the Hospital*

Buildings. By J. C. STEELE, M.D.—Dr. Steele gives in this paper a very full and interesting account of the plan of a new wing which was completed last June, and which increases the capacity of the hospital by at least 150 beds. The method of ventilating and heating the new building are also explained and seem to be in accordance with the most advanced ideas on these points. Three diagrams accompany this paper.

Art. XV. *Numerical Analysis of the Patients Treated in Guy's Hospital during 1870.* By J. C. STEELE, M.D.—From this paper we learn that the whole number of patients treated at Guy's Hospital during the year 1870 was 81,771, of whom 5123 were under treatment in the wards of the hospital, and 76,648 came under the category of out patients. The daily sick population of the Hospital was 486. The death-rate for the year was 10.76. The percentage is higher than the average, simply because, while the number of admissions has been small, the character of the injuries or surgical complaints of those admitted has been severe. The average stay of each patient, whether living or dying, in the Hospital, has amounted to 36.92 days. Of the 5123 patients treated in the wards, 1673 are reported cured; 2507 relieved; 396 unrelieved; 498 died, and 499 remained at the close of the year under treatment. The list of accidents admitted into the surgical wards during the year amounted to 827, and the deaths resulting therefrom were 91; 61 amputations were performed; 31 times in consequence directly of accidental injury; 24 deaths were attributed to pyæmia, 8 of which occurred after operations. The following analysis of 7312 cases of death from pyæmia occurring in seventeen years, or between 1854 and 1871, will be interesting to our readers:—

Pyæmia after surgical operations:

After amputation of limbs for compound fracture and laceration	56
After amputation of limbs for disease, excluding injury	37
After other operations for injury	3
After operations for disease, excluding amputations	30
	126

Pyæmia without surgical operation:

After compound fracture of limbs	29
After other external injuries	30
Consequent on disease	109
Apparently idiopathic	18
	186

312

J. H. H.

ART. XIX.—*Medico-Chirurgical Transactions.* Published by the Royal Medical and Chirurgical Society of London. Vol. LIV. 8vo. pp. xlii., 358. London: Longmans, Green, Reader, & Dyer, 1871.

ACCORDING to our custom, we herewith present our readers with an analysis of the papers contained in the last volume of the *Transactions of the Royal Medical and Chirurgical Society*. The volume fully maintains the reputation which the series has gained for itself, and will be found, we think, not an unworthy successor to the earlier volumes. The Society numbers among its members the most distinguished physicians and surgeons of Great Britain, and